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**MILWAUKEE COUNTY EMS  
ADMINISTRATIVE POLICY  
BENCHMARKS**

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**POLICY:** Biennial benchmarks have been defined and established to assure that each paramedic has the opportunity to adequately perform and maintain proficiency in their skills. Benchmarks will be used to assist the EMS Medical Director in evaluating the performance and expertise of the system paramedics.

**PROCEDURE:** The Health Information Manager will generate individual benchmark reports semi-annually, deficiency reports quarterly, and forward them to the Quality Manager. The Quality Manager will forward each paramedic's benchmarks with a copy of their current status. This will enable the paramedics to self-monitor the status of their benchmarks. Each fire department will receive a deficiency report for their employed paramedics.

A final deficiency report will be run at the end of the biennial period. Copies of the report are to be forwarded to the Medical Director and Quality Manager, who will communicate the results to the Program Director. The Quality Manager will compile a master list of paramedics and their deficiencies. A plan will be developed to address the deficiencies. The deficiency list and action plan will be forwarded to the Program Director for inclusion on the Management Staff agenda.

The Quality Manager will record that competency has (or has not) been established. The information will be entered into the Benchmark History screen of the System database.

Any active full- or limited-practice paramedic not meeting the biennial benchmarks will be required to demonstrate competency in the skills where they fall short of their benchmarks. The Quality Manager will forward the names of paramedics who have not shown competency to the Medical Director.

The Medical Director will determine on a case-by-case bases, whether a change in the practice status is in order. The Medical Director will forward the results to the Quality Manager to update the Privilege History screen on the System database.

A report with the final status of each paramedic with deficiencies will be sent to the employing fire department and the Program Director.

Event	Definition	24 Month Benchmark
Patient contact	Each paramedic on scene is credited with one patient contact.	160
Team leader / Report writer	Acquires the patient's history, documents and directs overall scene care.	40
Endotracheal intubation	Successful placement, oral or nasal route	2
Intravenous start	Successful placement, peripheral or external jugular location	24
Medication administrations	By any route: IV, IO, SQ, ET, aerosol, rectal	24
12-lead ECG	Successful acquisition, interpretation, and transmission of a 12-lead ECG to the MC EMS Communications Center	20

IV= Intravenous; IO= Intraosseous; SQ= Subcutaneous; ET= Endotracheal; ECG = Electrocardiogram